FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees AMPAIGN DISULOSURE By statements and reports filed by all committees for state office must be filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2015 JAN -9 AM 10: 47

| | Reset Form | n I | | |
|--|--|-------------------------|--|-----------------------------|
| COMMITTEE NAME (Must be same as on Statement of Org | | transl. | | |
| Citizens for Quality Schools | garnzationy | 1 | FORM | |
| | | | DR-2 | |
| IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Central Committee (5) County Central Committee (6) County Central Committee (6) County Central Committee (6) County Central Committee (6) County Central Cen | (0)0 | | Rev. 12/2009) | DISCLOSURE |
| (4) County Central Committee (5) County Candidate (6) City Candidate (6) City Candidate (7) Candidate (7) Candidate (8) County PAC (9) City PAC (10) Sebagai | didate (7)School Board or Other Political | 1,32 | | |
| Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue | Board or Other Political Subdivision PAC | (E | or Office Use On | |
| CANDIDATE COMMITTEES ONLY: | | | omm. # 31 | |
| Candidate Name | Political Party (if applicable) | L | ogged In | |
| | , (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | canned | |
| Office Sought | District (if Senate or House) | | omputer | |
| | | | udited | |
| ate reports are subject to possible civil and criminal penalties. Pucandidate's committee, and the chairperson, for any other type of | ursuant to lowa Code sections 68B.32A(7 committee, is the individual responsible f | and 68/ or filing ti | A.401(3), the can mely and accurat | didate, for a e reports. |
| 8,0, | | | | |
| Signature of person filing report | 319-653-6409 TELEPHONE | | 1-9-1 DATE SIG | 5 |
| SOMETONE OF PERSON FILING REPORT | TELEPHONE | | DATE SI | GNED |
| AM FILING A | | and the second second | On the section of the | |
| AM FILING A(report date) | | 2)NON- | ELECTION YEA | R. |
| 020 € BESTEE | Indicate by # | | | |
| CHECK IF AMENDMENT TO REPORT DATED | L | cal Com | mittees, enter Date | of Election |
| Check if this is final (termination) report and attach Notice of | | | | |
| (You must continue to file reports until a DR-3 is filed | 1.) | ounty & Li | ocal Committees, | enter County in |
| | W | nich Elect | ion is held | |
| STATEMENT OF CASH CONTRACT | | | | |
| STATEMENT OF CASH ON HAND | | | | |
| CASH ON HAND at the beginning of the reporting period. (To | tal of all funds held by the | | | |
| committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fir | cash on hand at the end | | 492.05 | |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | record med.) | \$ | 472.03 | |
| Schedule A: Cash Contributions total (Attach Schedu | (Io A) (*-I | | | |
| Schedule F: Loans Received total (Attach Schedule | ule A) ("also see in-kind below) | | | |
| Schedule H: Total Sales of Campaign Branch (All | r) | ••••• | | |
| Schedule H: Total Sales of Campaign Property (Atta | cn Schedule H) | | - | |
| (Schedule H applies to Candidates' Comm | | | | |
| SUBTRACT TOTAL MONEY OR THE | SUB-TOTAL | \$ | 492.05 | |
| Schedule B. Every different this PERIOD | | | | |
| Schedule B: Expenditures total (Attach Schedule B) | Fee paid to TA for late fill | na | 100 00 | |
| | Fee paid to IA For late fill ("also see debts and loans below) | ng | 100.00 | |
| Schedule F. Loan Repayments total (Attach Schedule | Fee paid to IA for late fill (**also see debts and loans below) | | 100.00 | |
| Schedule F. Loan Repayments total (Attach Schedule | e F) | | 392.05 | |
| ASH ON HAND at the end of this reporting period (if final repo | e F)ort balance must be zero) | \$ | 392.05 | |
| ASH ON HAND at the end of this reporting period (if final reporting believed) UNPAID BILLS (From Schedule D - Attach Schedule D) | e F)ort balance must be zero) | \$ | | |
| ASH ON HAND at the end of this reporting period (if final reporting period | ort balance must be zero) | \$ | 392.05 | |
| ASH ON HAND at the end of this reporting period (if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting per | ort balance must be zero) | \$ | 392.05 | |
| ASH ON HAND at the end of this reporting period (if final reporting period if final reporting period (if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting p | ort balance must be zero) | \$ | 392.05 0.00 0.00 | 0 |
| ASH ON HAND at the end of this reporting period (if final reporting period | ort balance must be zero) | \$ | 392.05 0.00 0.00 0.00 | 0 |
| ASH ON HAND at the end of this reporting period (if final reporting period if final reporting period (if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting period if final reporting period if final reporting period if final reporting period (if final reporting p | ort balance must be zero) ule E) e F) | \$ \$ \$ | 392.05 0.00 0.00 0.00 | 0 |

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
|-------------------------------|------------------------------|
| | CK THIS BOX IF NDING FORM |

| COMMITTEE NAME (Must be same as on Statement of Organization) | - |
|---|---|
| Citizens for Quality Schools | |

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|--------------------------------|--|--|---|--------------------|
| 4/9/2014 | ID# CK# | Iowa Ethics and Campaign Board 510 E. 12th Ste 1A Des Moines, IA 50319 | late filing | \$ 100 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# | | | |
| | CK# | | | |
| | CK# | | | |
| | CK# | | | |
| | ID# CK# | | | |
| | | | SUB-TOTAL TOTAL (if last page of this schedule) | \$ \$ 100.00 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

| Page of | |
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